

State of New Mexico

Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD

AsOfDate 12/18/2012

Voucher Vchr VchrtLineDescr

Distr Account

Account

Fund

VendorName

Withhold

Accounting Period

PurchaseOrder Invoice Number

Total Amount

Number Line

Line#

Description

Withhold

Year

Month

0019042 1 I/S meals & lodging

1 542200

Employee I/S Meals & L 06101

NASH GAYLE-001

2013

12

0000095998 Nash, G. 12.3-12

570.00

Total For Voucher

570.00

0000220107 12-21-12

NS

**Summary** | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500  
Voucher ID: 00319042  
Voucher Style: Regular

Invoice Number: Nash, G. 12.3-12.7.12  
Invoice Date: 12/14/2012  
Total: 570.00

Vendor: NASH, GAYLE C  
1190 ST FRANCIS DR N 4100  
SANTA FE, NM 87502

\*Pay Terms: Pay Now  **Schedule Payments**

**Saved****Payment Information**

Scheduled Payment: 1

\*Remit to: 0000099443 

Location: 001 

\*Address: 1 

NASH, GAYLE C  
1190 ST FRANCIS DR N 4100  
SANTA FE, NM 87502

Gross/Amount: 570.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 12/14/2012 

Net Due: 12/14/2012

Discount Due:

Accounting Date:

Find | View All First  1 of 1 Last 

**Payment Method**

\*Bank: WFB10

\*Account: B

\*Method: ACH ACH

Message:

Pay Group:

\*Handling: RE

\*Netting: N 

Messages

Message will appear on remittance advice.



Summary  Invoice Information  Payments  Voucher Attributes  Error Summary 

Business Unit: 66500      Invoice Number: Nash, G. 12.3-12.7.12  
Voucher ID: 00319042      Invoice Date: 12/14/2012  
Voucher Style: Regular      Total: 570.00

Voucher Processing

☒ Post Voucher      ☐ Close Voucher  
☒ Revalue Voucher      ☐ Delete Voucher

Accounting Instructions



\*Accounting Template: STANDARD       Account At: Gross 

Match Action

\*Status: Ready 

☐ Pay Unmatched Voucher

Transaction Currency

\*Source: Tables       \*Currency: USD       Rate Type: CRANT       Exchange Rate: 1.00000000

Voucher Approval

\*Approval: Specify at this Level       Business Process: PROCESS\_VOUCHERS 

Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

\*SBI Num Option: Group Vouchers (Auto-Nur      SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment      ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES

PAGE	1	DATE	12/14/2012
AGENCY CODE	66500	VOUCHER NUMBER	00319042

[illegible]

**New Mexico Department of Health  
Travel and Training Request Form**

<b>Employee Information</b>	<b>Employee Name:</b>	Gayle Nash	<b>Position:</b>	CNO
	<b>Department ID and Fund:</b>	6001001000	<b>Telephone:</b>	505-690-1065
	<b>Post of Duty:</b>	Las Cruces	<b>Residence:</b>	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

<b>Vehicle Information</b>	<input checked="" type="checkbox"/> Check if state vehicle	<input type="checkbox"/> Check if personal vehicle	<b>License #:</b>	001768-SG
	<b>Year:</b> 2011	<b>Make:</b> Nissan	<b>Model:</b>	Altima

<b>Trip/Training Information</b>	Please provide agendas, itineraries and any relevant documents.			
	<b>Course Name:</b>	Meeting with Staff in Santa Fe		
	<input checked="" type="checkbox"/> Check if training is required	<input type="checkbox"/> Check if Continuing Education credits will be granted		

<b>Travel Information</b>	<b>Date of Request:</b>	11/30/12	<b>Destination:</b>	Santa Fe						
	<b>Departure Date:</b> (month/day/yr)	12/03/12	<b>Time:</b>	06:00	AM	<b>Return Date:</b> (month/day/yr)	12/7/12	<b>Time:</b>	06:30	PM
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:									

\* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00.
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	4 @ \$135/day	\$ 540.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 570.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 570.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

Gayle Nash      12-14-2012  
Employee Signature      Date

\_\_\_\_\_  
Supervisor/Bureau Chief Signature      Date

\_\_\_\_\_  
Division Director/Hospital Administrator  
(As per specific division requirements)      Date

[Signature]      12/17/12  
Cabinet Secretary Signature      Date  
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)